

# UTAH DEPARTMENT OF HEALTH

## OFFICE OF VITAL RECORDS AND STATISTICS

Street Address: 288 North 1460 West

Mailing Address: PO Box 141012; Salt Lake City, Utah 84114-1012


### APPLICATION FOR CERTIFIED COPY OF A DEATH CERTIFICATE

Certificates for deaths that occurred in Utah since 1905 are on file in this office.

**WARNING:** It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a death certificate.

Vital Records validation  
only

### INSTRUCTIONS

1. An application must be completed for each death requested.
2.  **ID Is Required** of the person that signs this request. HAVE READY TO SHOW **EITHER** a current state issued ID (*with a signature*) OR TWO other proofs (from our acceptable identification list, on reverse).
3. **Please check your certificate(s) for accuracy.** Your copy can only be replaced within 90 days from the issuance date. After 90 days you must repay applicable fees. If requestor does not respond to a written request for information within 90 days, Vital Records may retain all monies paid.

### IDENTIFYING INFORMATION

WAS THIS A FETAL DEMISE OR STILLBIRTH? ☐ (Check if yes)

FULL NAME OF DECEASED \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ (If not known, specify years to be searched) \_\_\_\_\_

PLACE OF DEATH (City) \_\_\_\_\_ (County) \_\_\_\_\_

BIRTHPLACE (State or Country) \_\_\_\_\_ DATE OF BIRTH OF DECEDENT \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_

IF DECEASED WAS MARRIED, NAME OF SPOUSE \_\_\_\_\_

### REQUESTOR

RELATIONSHIP: I am: ☐ Mother ☐ Father ☐ Sibling ☐ Spouse ☐ Child ☐ Grandparent ☐ Grandchild

☐ Other (Specify) \_\_\_\_\_

(An Informant who is not a member of the immediate family (spouse, child, parent, sibling, grandparent, or grandchild) or does not have a direct, tangible or legitimate interest (Utah Code 26-22-2), is not entitled to a copy of the Death certificate.)

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Complete Mailing Address \_\_\_\_\_  
(City, State & Zip)

Purpose for which the death certificate is needed: \_\_\_\_\_

### NUMBER OF CERTIFIED COPIES REQUESTED

  1   **Search** (non refundable) includes 1 Certified Copy \$ 18.00 +

       **Additional** Certified Copies (\$8.00 each) \$       

**TOTAL FEE** \$       

**For OFFICE USE ONLY** (do not write below)

**PAID:** Check Cash Money Order Credit Card

☐ Wait ☐ Mail ☐ Pick Up

Clerk's Initials \_\_\_\_\_ ID \_\_\_\_\_

**Request #** \_\_\_\_\_

# UTAH DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS AND STATISTICS

## Acceptable Identification List to Obtain Vital Records **ID MUST BE CURRENT**

**Identification is required for all non-public Vital Records. Mailed requests must include an enlarged and easily identifiable photocopy of the back and front of your identification from the list below or your application will be returned. All identification must be current.**

### **PRIMARY** (Need 1)

- ✓ Government issued Photo Driver's License
- ✓ Government issued Photo Identification
- ✓ Government issued work ID
- ✓ Employment Card
- ✓ U.S. Military Identification Card
- ✓ Tribal Identification Card
- ✓ Pilot License
- ✓ Alien Registration Card
- ✓ Permanent Resident Card
- ✓ Temporary Resident Card
- ✓ U.S. Passport
- ✓ Foreign Passport
- ✓ U.S. Certification of Naturalization
- ✓ Certificate of U.S. Citizenship
- ✓ U.S. Citizen Identification Card
- ✓ Matricula Consular Card
- ✓ Concealed Weapon Permit
- ✓ Mexican Voter Registration Card
- ✓ Jail/Prison Release Form (with picture)

### **SECONDARY** (Need 2)

- ✓ Work Identification/Paycheck/W-2
- ✓ School, University or College ID Card
- ✓ Voter Registration Card
- ✓ Social Security Card
- ✓ US Military Separation/DD-214
- ✓ Motor Vehicle Registration/Title
- ✓ Marriage License (not issued by Utah State Vital Records)
- ✓ Court Order or Court Documents
- ✓ Jail/Prison documents
- ✓ Probation Documents
- ✓ Property Tax Receipt
- ✓ Veterans Universal Access ID Card
- ✓ Selective Service Card
- ✓ Hunting/Fishing License
- ✓ Insurance cards or documents
- ✓ Utility Bill
- ✓ Business License
- ✓ Professional License

### **We cannot accept:**

- ✓ Novelty ID Card
- ✓ Driving Privilege Card

If you cannot provide acceptable identification you may have a spouse, parent, grandparent, sibling, or adult child, who can provide appropriate identification request the certificate. Proof of relationship may be required.

Street Address: Utah Department of Health; Vital Records; 288 NORTH 1460 WEST; S L C UTAH

Mailing Address: Utah Department of Health; Vital Records; P.O. BOX 141012; S L C UTAH 84114-1012